BEST AVAILABLE COPY

•									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECOI Effective October 1, 2000									i	09/	7/820504		
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			22					RATI	Ε	FEE		RATE	FEE
FOR	3	NUMBER FILED		NUMBER EXTRA			BASIC	FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			2 Z minus 20=		. 2			X\$ 9=			OR	X\$18=	36
IND	EPENDENT CL	2 minus 3 =		. 4			X40=			OR	X80=	320	
MUI	TIPLE DEPEN	DENT CLAIM P	RESENT					+135=			OR		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL			OR		1066
2-10-0 CLAIMS AS AMENDED - PART II									- (,	OTHER	
) 10 -	(Column 1)		(Colu	mn 2)	(Column 3)		SMA	LLE	ENTITY	OR	SMALL	ENTITY
ENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE"
AMENDMENT	Total -	-22	Minus		22.	= 7		X\$ 9	=	7	ΟŘ	X\$18=	/
AME	Independent	. 7	Minus	•••	1	= .		X40	=	/	OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	+135	=		OR	+270=	
	•							TO ADDIT.	TAL		OR	TOTAL	
	(Column 1) (Column 2) (Column 3)							ADDIT.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MQ.	Total	•	Minus	**		=		X\$ 9	=		OR	X\$18=	
AMENDMENT	Independent		Minus	***		=		X40	=		OR	X80=	٠.
L	FIRST PRESE	NTATION OF N	IULTIPLE DE	PENDEN	TCLAIM		J	+135	=		OR	+270=	
								TO ADDIT.	TAL		OR	TOTAL ADDIT. FEE	
		(Column 1)			ımn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NO N	Total	•	Minus	**		=		X\$ 9	=		ÖR	X\$18=	
AME	Independent	•	Minus		IT OL AIRA	=	1	X40	-		OR	X80=	
L	THO PHESI	ENTATION OF N	MULTIPLE U	FENUEN	II CLAIM		J	+135	=		OR	+270=	

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Pald For" (Total or Independent) is the highest number found in the appropriate box in column 1.

TOTAL

ADDIT. FEE

TOTAL

ADDIT. FEE